SEATTLE DEPARTMENT OF PARKS AND RECREATION
MEDICAL HISTORY AND AUTHORIZATION

Name of Participant _____

I hereby authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, anesthesia and/or blood transfusions to the above named minor person that may be ordered by a physician and/or dentist in attendance ant the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above named minor person to the hospital.

*Sign here _____

I understand that the City of Seattle, its Department of Parks & Recreation, Advisory Council, the Community Center, and their officers, employees and volunteers assume no financial obligation or liability in the case of my child's accident or illness. If I, or anyone on my or my child's behalf makes a claim against the City of Seattle, its Department of Parks & Recreation, the Advisory Council, the Community Center, or their officers, employees and volunteers arising out of related to my child's participation in Parks department programs, I agree to indemnify and save and hold them harmless from any litigation expenses, attorneys' fees, loss, liability, damage or costs they may incur due to the claim made against any of them, whether the claim is based on their negligence or otherwise. I sign this agreement on my behalf and on behalf of my personal representatives, assigns, heirs and next-of-kin. I hereby give my permission for emergency treatment for my child and assume financial responsibility for such treatment.

*Sign here _____
*Parent/Guardian signature required.

Printed Name_____ Relationship_____

First person to contact in an emergency:

Name_____ Phone (day)_____ Phone (eve)_____
Alternate person to contact in an emergency:
Name_____ Phone (day)_____ Phone (eve)_____

Physician_____
        Name   Phone   Address
Health Insurance Co._____ Medical Policy #_____

Asthma Yes_____ NO_____ Does your child carry an inhaler?_____
Usual cause of asthma occurrence _____
Allergies _____
Medications_____
Diabetes Yes_____ NO_____ Frequency of dosage and type of Insulin_____
May Sunscreen be applied?   YES   NO
My child may be photographed (stills and video) for City of Seattle, it's Department of Parks & Recreation,
Advisory Council publications. YES   NO
Medical Concerns_____
Limitations on Activities (be specific about reason for limitation, i.e. injured knee, as well as what activities your
child can and cannot do and timeline for recovery) _____
_____
_____

SEATTLE DEPARTMENT OF PARKS AND RECREATION
Youth Programs

<u>TRAVEL AND OVERNIGHT
PARTICIPANT CODE OF CONDUCT</u>

While on Parks Department property and/or during Parks Department program:

1.   I will demonstrate good sporting behavior. I understand respect for other participants, coaches, officials, volunteers, other teams, and spectators are essential for amateur competition and fair play.

2.   I agree to attend and take part in all scheduled practices and activities.

3.   I agree to accept and carry out instructions of the Recreation Staff, Trip/Overnight Leaders, and/or chaperone(s).

4.   I will discuss any problems that may arise with Recreation Staff, Trip/Overnight Leaders, and/or chaperone(s).

5.   I understand that alcohol, controlled substances, and weapons are prohibited.

6.   I will be respectful of other people's possessions and property and will refrain from activities that cause damage to either.

7.   I understand that I am financially responsible for any damage I may cause when disobeying rules.

When **traveling** with the team, I agree to all of the above, as well as:

8.   I will be respectful of other participants and all adult chaperones, realizing that my behavior affects others with whom I travel.

9.   I will travel with and stay with the group at all times unless previous written approval has been granted.

10.   I will remain quietly in my own bed at the established team bedtime.

11.   I understand that if I do not abide by these rules I will be returned home at my parents/guardians expense.

12.   Failure to comply with any of the code of conduct rules will jeopardize my future travel.

13.   I understand that any individual's failure to abide by these rules can jeopardize the entire group's participation at the time of the failure and in the future.

_____   _____
Participant's Signature   Signature of Parent or Guardian

_____   _____
Print Name   Print Name

_____   _____
Date   Date